

KENTUCKY BOARD OF SOCIAL WORK

COMMONWEALTH OF KENTUCKY

PO BOX 1360

FRANKFORT, KY 40602

PLEASE PRINT OR TYPE ALL INFORMATION

NOTE : \$25.00 application fee (check or money order made payable to the Kentucky State Treasurer) DO NOT SEND CASH

- APPLICATION FOR: ☐ LICENSED SOCIAL WORKER (Baccalaureate Degree)
- ☐ CERTIFIED SOCIAL WORKER (Master's Degree)
- ☐ LICENSED CLINICAL SOCIAL WORKER

1.(a) _____ 2. _____ - _____ - _____
NAME: *LAST FIRST MIDDLE SOCIAL SECURITY NUMBER*
(As You Want It To Appear on Certificate)

(b) _____ 3. ____/____/____
MAIDEN OR ANY OTHER NAME EVER USED DATE OF BIRTH

(Work) (Home)

4. _____
MAILING ADDRESS: *STREET CITY STATE ZIP TELEPHONE NUMBER*

5. _____
BUSINESS ADDRESS: *STREET CITY STATE ZIP*

6. Do you presently hold a valid license or registration to practice Social Work by any other state? ____ Yes ____ No

If Yes, License or Registration Number: _____ State: _____

7. Have you ever made application and failed to receive a license in Kentucky or any other state? ____ Yes ____ No

If yes, give reason application was denied _____

8. Has your license in Kentucky or any other state ever been suspended or revoked? ____ Yes ____ No

If Yes, give details _____

9. Have you ever been convicted of a felony? ____ Yes ____ No If yes, what offense? _____
(Send supporting documentation)

DO NOT WRITE BELOW THIS LINE --- FOR BOARD AND OFFICE USE ONLY

BOARD REVIEW DATE _____

APPROVED _____ DENIED _____

MEMBERS _____

EDUCATION

SCHOOL	NAME AND LOCATION	DATES ATTENDED		DATE OF GRADUATION		NUMBER OF HOURS OR CREDITS	DEGREES OBTAINED
		FROM	TO	MONTH	YEAR		
Under-Graduate School							
Graduate School							

NOTE: All degrees applicable to Social Work must be documented by a CERTIFIED TRUE COPY of the official transcript with the DEGREE CONFERRED. You may attach it to this application or have it mailed directly to this office.

No action will be taken on your application until necessary transcripts are received.

If your application is approved or denied, you will be notified by mail.

All applicants should become familiar with the State Laws and Regulations governing Social Work Licensure in the attached pamphlet.

List names and addresses of three (3) individuals who could document your professional competency.

(1) Name: _____ Address: _____

(2) Name: _____ Address: _____

(3) Name: _____ Address: _____

APPLICANT'S AFFIDAVIT

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief.

I further affirm that I have read KRS 335 as annotated by the Board, together with the Rules and Regulations of the Kentucky Board of Social Work and fully understand that in receiving a license from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensing. In addition, I agree to furnish the Board any information that may subsequently be requested for the purpose of verifying my qualifications.

DATE: _____ SIGNATURE: _____